

919 528 9145

Franklin County Health Department
Division of Environmental Health
107 Industrial Drive-Suite C
Louisburg, North Carolina 27549

PAGE 1 OF 2

Phone: 919-496-8100

SEPTIC PERMIT

Fax: 919-496-8136

Permit Number: 5617 Type: I PIN: 1891-02-6017 Date: 9/1/2010

Applicant: WYNN CONSTRUCTION, INC Owner: CROSSWIND DEVELOPMENT
1696 HAYES RD
CREEDMOOR, NC 27522 , NC

Telephone: (919) 528-1347

Telephone:

Subdivision: WOODFIELD NORTH

Lot Number: 69

Size: 0.860

Physical Address/ Location /Directions 30 BRUSHWOOD CT

Description: LifeTime _____ 5 Year X

TYPE FACIL SFD # EMPLOY 1 # BEDRMS 3 GPD 360 LTAR .35 1/2

TYPE WAT Com TYPE SYS I TYPE REP I BSMT N BST FX N/A

SIZE TANK 1000 SIZE CHB 1 SIZE NITR 3'x270' MTD 30"

COMMENTS: 270' Innovative/Accepted -
* Massive Rock may be encountered during installation *

Septic Contractors are responsible for notifying the health department for final inspections, between 8:00-9:00 AM on the day of completion, Monday - Friday. Any request for final inspections received afterwards will be scheduled the same day, if possible, or the next workday. Have permit number and owner/applicant's name ready when making the call.

Actions of representatives of state or local agencies engaged in the evaluation and determination of measures required to effect the compliance with the provisions of this permit shall in no way be taken as a guarantee that wastewater disposal systems permitted and approved will function in a satisfactory manner for any given period of time, or that such employees assume any liability for damages, consequential or direct which are caused, or may be caused, by a malfunction of this wastewater treatment and disposal system.

Proper precautions must be taken to assure the proper functioning of the system after it has been covered. Do not run any heavy equipment over the system, as soft earth will allow damage to the tank and lines. Pipe all roof drains away from the septic system site to prevent flooding of the lines from surface water. Terrace the ground to prevent excessive drainage from higher areas adjacent to the system. Do not construct driveways over any part of the septic system unless proper provisions were made when the septic system was constructed. Only grass, not trees or shrubbery, should be cultivated over the lines. All plumbing fixtures should be carefully inspected periodically and any problems repaired immediately. All septic tanks should be pumped off by a permitted pump operator on a regular schedule, not to exceed every five years.

The improvement permit and construction authorization is a site approval, for the future installation of a wastewater treatment and disposal system. Changes in ownership of the site do not affect the validity of this permit. However, any alteration of the site or soil conditions, changes in the location of the proposed facility, changes to the wastewater flow and/or characteristics, or submittal of false information with the application or misrepresentation of the property lines may subject this permit to suspension or revocation.

FOR THIS TO BE A VALID CONSTRUCTION AUTHORIZATION, A LAYOUT SHEET MUST BE ATTACHED

IMPROVEMENT PERMIT DATE 9/2/10 EHS [Signature]
CONSTRUCTION AUTHORIZATION DATE 9/2/10 EHS [Signature]

Vist www.franklincountyenvironmentalhealth.com for permit information and tracking.

Franklin County Health Department

Name: WYNN CONSTRUCT

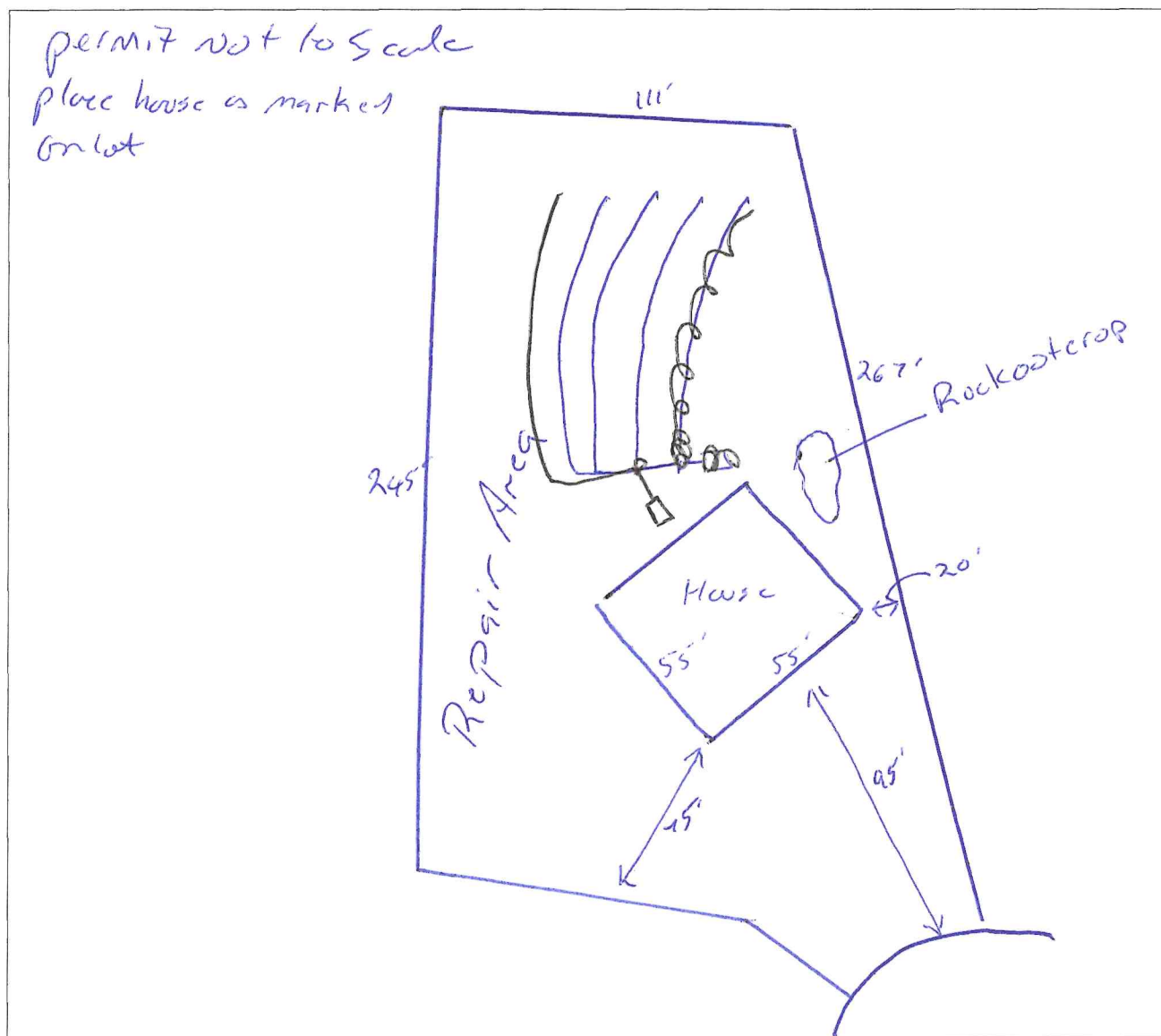
Permit Number

5617

CONTRACTOR Philip Blakely TANK MANU E1151000 MANU DATE 5/18/12

WELL INSTALLED YES ☐ NO ☐ SYSTEM CODE E21203

SEPTIC SYSTEM LAYOUT (SKETCH SYSTEM LAYOUT HERE)



SEPTIC SYSTEM AS-BUILT (IF DIFFERENT FROM INITIAL LAYOUT) ON REVERSE

OPERATIONS PERMIT

DATE

9/28/12

EHS

[Signature]

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **28274**Permit Type: **SEPTIC PERMIT**Date Issued: **09/01/2010**Project Address: **30 BRUSHWOOD CT, YOUNGSVILLE NC 27596**Location: **30 BRUSHWOOD CT**Size #: **0.860**Subdivision: **WOODFIELD NORTH**Lot #: **69**Applicant: **WYNN CONSTRUCTION, INC
1696 HAYES RD
CREEDMOOR NC 27522-8741**Phone: **919.528.1347**Owner Name: **CROSSWIND DEVELOPMENT**

Phone:

Owners Address:

Tax record: **41352**Pin #: **1891-02-6017**Parcel #: **G10F00 068**Zoned: **R-15**Setbacks Front: **30**Rear: **25**Side: **10**Proposed Use: **SFD**# of bedrooms: **3**# of people: **3**Township: **HARRIS**Public Water/Sewer: **COUNTY**

ST Road #:

Desc:

Fees Due: **\$325.00**Date Paid: **08/31/2010***** Please complete all sections below***

☐ Yes ☒ No Does this site contain any previously identified jurisdictional wetlands?
☐ Yes ☒ No Is any wastewater, other than domestic, going to be generated?
☐ Yes ☒ No Is the site subject to approval by any other public agency?

*If the answer to any of the above is "yes", applicant must submit supporting documentation.

Please indicate desired system type(s). Systems can be ranked in order of preference.

☐ Conventional ☐ Accepted ☐ Modified Conventional ☐ Alternative
☐ Other ☒ No Preference

Call Environmental Health (919.496.8100) between 8:00 - 9:00 am Monday - Friday in order to schedule an appointment with an environmental health specialist for your lot evaluation. This application for an improvement permit/construction authorization and well permit does not constitute approval for zoning, septic or building permits. It will be necessary to meet all guidelines for zoning, septic and building permits prior to construction. The permit is valid for either 60 months or without expiration, depending upon documentation submitted. (complete site plan= 60 months---complete surveyed plat=without expiration.)

Please contact the Environmental Health Department at 919.496.8100 or visit their website at www.franklincountyenvironmentalhealth.com to determine the status of your application prior to visiting the Planning & Inspections Department to obtain a building permit.

I hereby certify that I am the owner, or authorized by the owner to act as his/her legal representation. Furthermore, as legal representative (if applicable) I have advised the owner of my intention to apply for this wastewater treatment and disposal system and drinking water and well system permit.

I also certify that all of the statements made in this application and any attached documents are true, complete, and correct, to the best of my knowledge and belief, and are made in good faith. If information in this application for these improvements is falsified, changed or site is altered, then improvement permits and authorization to construct these improvements shall become invalid. Authorized county representatives are granted right of entry to make these evaluations or inspections, and to release information upon public request.

X *Nancy R. [Signature]*

08/31/2010

Print & Signature of Owner or Owner's Legal Representative

Franklin County DRC Permit RESIDENTIAL

Zoning Permit #: 15504



ADDRESS: 30 BRUSHWOOD CT

PARCEL NO.: 1891-02-6017

ZONING: R-15

SUBDIVISION: WOODFIELD NORTH

LOT: 69

ISSUED TO: WYNN CONSTRUCTION, INC

1696 HAYES RD

CREEDMOOR NC 27522-8741

PHONE NUMBER: 919.528.1347

SETBACK: FRONT: 30

RIGHT: 10

LEFT: 10

REAR: 25

COUNTY WATER: YES

FLOODPLAIN: NO

MISC FEE:

PERMIT TYPE: ZONING PERMIT

TYPE OF CONSTRUCTION: SFD-NEW SEPTIC

PERMIT DATE: 08/31/2010

WATERSHED NO

TOWNSHIP HAR

EXPIRE DATE: 02/28/2011

3/3

It is hereby certified that the above use as shown on the plats and plans submitted with this application conforms with all applicable provisions of the Franklin County Zoning Ordinance. The issuance of this application does not allow the violation of Franklin County Zoning Ordinance or other governing regulations. The applicant is responsible for obtaining a building permit (if required) prior to commencing work on the proposed improvement. A final zoning inspection must be scheduled by the applicant.

NOTES:

I hereby certify that all information I have provided to the Planning Department is true and accurate.

APPLICANTS SIGNATURE:

Nancy R. Wynn

UTILITY COMPANY: PROGRESS ENERGY WAKE ELECTRIC OTHER

NUMBER OF STORIES: 1 _____ 1 1/2 _____ 2 _____ 2 1/2 _____

SQUARE FOOTAGE: HEATED _____ UNHEATED _____ TOTAL _____

BASEMENT: YES _____ NO _____

FIREPLACE: NO _____ MASONRY _____ MANUFACTURED _____

PLAN SETS: MODULAR _____ STICKBUILT _____

NAME OF:

ELECTRICIAN: _____

MECHANICAL: _____

PLUMBING: _____

COST OF CONSTRUCTION: _____

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

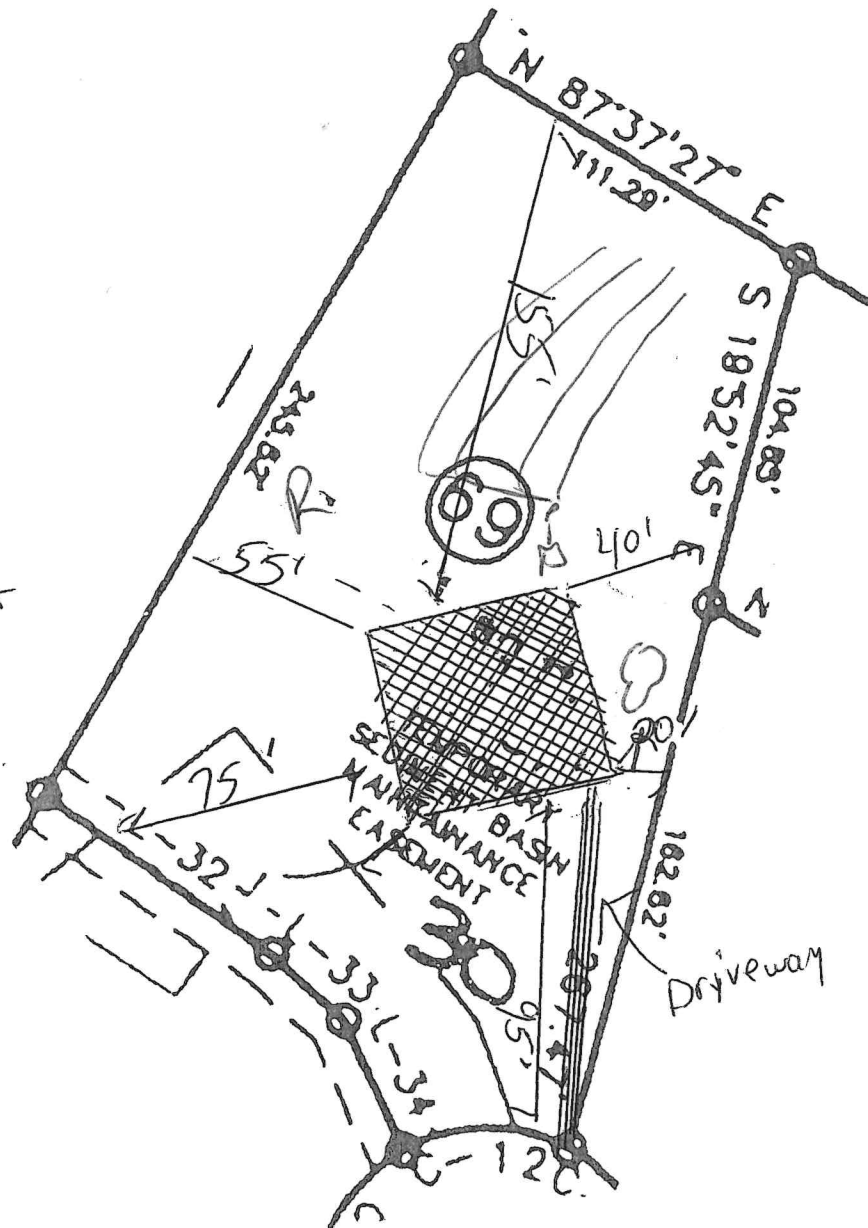
DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
ZONING	<i>SR</i>	<i>8/31/10</i>	_____	_____
INITIAL PERMITTING	_____	_____	_____	_____
ADDRESSING	_____	_____	_____	_____
PLAN REVIEW	_____	_____	_____	_____
FIRE REVIEW	_____	_____	_____	_____
SEPTIC/SEWER	_____	_____	_____	_____
FINAL PERMITTING	_____	_____	_____	_____

Wynn Construction
Lot 69 Woodfield
30 Brushwood Court

1" = 55'

House 55' x 55'



15' from easement
95' from RW